
ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 03 Issue 10

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Chief's Message



As we transition into the summer season, we move into the busiest time of the year for permanent change of station moves. The vast majority of our PCS moves occur during the months of June, July and August. This year will be particularly challenging. Our current Nursing shortages, coupled with increased deployments and the need to grant regular, PCS and block leave for returning units, presents many staffing and scheduling challenges for our Nursing leadership teams. We must also recognize that we are currently at war and, as such, we are in an extremely fluid environment that has the potential for an array of unpredictable events that can result in the aggravation of an already overtaxed work environment. We greatly appreciate all the hard work each and everyone of you have contributed to caring for our soldiers and their families, whether here in CONUS or OCONUS, and we also appreciate your willingness to remain flexible and compromise during this especially challenging PCS season.

Recently, there have been some comments regarding whether the Army Nurse Corps Newsletter is meeting the needs of our officers at all levels within our organization. In order to identify and address your concerns, we have decided to post a web based survey. I strongly encourage you to take the time to respond to this baseline survey. Our goal is to identify your concerns and modify the newsletter to meet those needs.

Lastly, last month my article highlighted the newly approved and funded Active Duty Health Professional Loan Repayment Program. Currently, while there are many inquiries from interested applicants to AN PERSCOM, we have 80 actual applications ready for the board. I know from the many inquiries that COL Gustke and I have responded to during our presentations, at the OAC and during OPD sessions during our different site visits, that there is a genuine interest in this program. I am confident that this initiative will be well received and I want to, again, take this opportunity to extend a personal invitation to all those who meet the eligibility criteria to apply now. The deadline for application submission is 7 July 2003 to AN Branch at PERSCOM.

I hope this summer affords you all an opportunity to spend some time with friends and family and to reenergize. Please be safe as you travel to visit family and friends.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
BG, AN
Chief, Army Nurse Corps

NEWS FROM AROUND THE AMEDD NEWS FROM AROUND THE AMEDD

ANC Newsletter Survey

As we strive to meet the needs of all ANCs, we are very interested in your opinions on the ANC Newsletter. The Army Nurse Corps has created a Web Based ANC Newsletter Survey that is open for responses 1-31 July for all Army Nurse Corps Officers interested in providing us valuable feedback. Thank you for taking the time to answer this brief anonymous survey that will take you 5-10 minutes to complete. The purpose of this survey is to query the field to assist us in continuing to improve upon the quality of the ANC Newsletter. You may access the survey by clicking:
<http://ke.army.mil/synergy/survey.php?loc=3efb195390007>

AANA National Meeting Army Update Session Time Change

The AANA Army Update Session on **Sunday, 3 August 03 revised time is 1500-1700 in the Boston Marriott Copley Place Hotel in the Vermont Room (5th level)**. BG Bester will provide a CRNA issues update. The Marriott Hotel is connected by a walkway to the Hynes Convention Center. If you plan to attend, please email COL Norma Garrett at norma.garrett@cen.amedd.army.mil.

ANC Newsletter Article Submissions

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Laura Feider. The deadline for all submissions is typically the last week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Dr. Anita Newcomb McGee Award Winner

The Dr. Anita Newcomb McGee Award recognizes professional and military nursing excellence and is sponsored annually by the Daughters of the American Revolution (DAR). Dr. McGee, known as the "Founder of the Army Nurse Corps," was the author of the bill to establish the Corps (female). This bill became Section 19 of the Army Reorganization Act of 1901 and established the Nurse Corps as a permanent corps of the Medical Department effective 2 February 1901. The DAR initiated this award in 1967, and this year's presentation which will be on 11 July at the DAR Continental Congress in Washington, D.C. at Constitution Hall. **Congratulations** to this year's winner, **COL Elizabeth Mittelstaedt**, Deputy Commander for Nursing, Basset Army Community Hospital, Ft. Wainwright, Alaska.

Congratulations to all the ANCs who were nominated for this prestigious award:

COL Catherine Schempp
LTC(P) Susan Denny
LTC Rhonda Earls
LTC Sherie Haga-Hogston
LTC Christine Schiller
LTC Donna Williams
MAJ Charline Gerepka
CPT Paul Mittelstaedt

Chief, Army Nurse Corps Award of Excellence

It is time again to nominate your junior officers for exemplary performance for the Chief, Army Nurse Corps Award of Excellence. The nominations from Chief Nurses for the Chief, Army Nurse Corps Award of Excellence for Junior Officers are due **NLT 5 SEP 02** to MAJ Laura Feider via email, hard copy or fax. The MOI and nomination sample were distributed via email in MAY to the chief nurses. Please call MAJ Feider at (210) 221-6221 or email laura.feider@amedd.army.mil for any questions. The MOI and sample nomination write-ups are posted on the ANC web page. The COL (Ret) CJ Reddy Junior Officer Leadership Conference is 2-6 November in Washington, D.C.

Strategic Issues Conference

The Strategic Issues Conference is **8-12 September** in San Antonio, Texas. Welcome letters will be sent in July to invitees. The POC is LTC Yolanda Ruiz-Isales at (210) 221-6659 for further information.

***The Army Nurse Corps Association (ANCA)
Biennial Convention, San Antonio, TX
25-31 May 2004***

Howdy from Texas! We're looking forward to seeing you in the city of San Antonio on 27-31 May 2004 for a rousing good time celebrating our theme, "As Big As Texas." We're

planning good fun, great food and a whole helping of Texas hospitality. Now is the time to start making plans to attend the convention. The beautiful Adam's Mark Hotel on the Riverwalk in San Antonio, will be the site of one of the best conventions around. We have 4 exciting days packed with CEU courses, Volksmarching and sightseeing tours of San Antonio and the surrounding areas. For golf enthusiasts, join your friends for a day planned to challenge you at one of San Antonio's fine golf courses. At night, enjoy a variety of restaurants with family and friends alike. So mark off those dates and be prepared for an exciting time "deep in the heart of Texas." More details to follow in future issues of the Connection and on the ANCA website anca@e-anca.org.

Attention All Armed Forces Nurses

The Military Order of the Purple Heart, a veterans' organization comprised of recipients of the Purple Heart Medal, will hold its annual Memorial Service honoring Wartime Nurses at the Nurses Memorial, Arlington Cemetery at 2:00 p.m. on Friday, September 12, 2003.

This annual memorial service gives our National Officers and members of the Military Order of the Purple Heart the opportunity to recognize the Nurses who are instrumental in caring for our wounded service members.

The Nurses Memorial is located in Section 21 of Arlington Cemetery which is just west of the Amphitheater on Porter Drive. Seating will be available. Please notify Joyce Beene, Executive Assistant, at (703) 642-5360 if you plan to attend.

AMSUS 2003

The Federal Nursing Section of AMSUS 2003 will be accepting abstracts for the Federal Nursing Poster Session and the Karen Reider Nursing Research Poster Session to be held on Monday, 17 November 2003. For more information and submission details please see the attached call for posters attached to this newsletter. **The deadline for submissions is 11 July.**



Congratulations to the Western RMC's recipients of the 2003 Evangeline G. Bovard Award. Winners this year were **MAJ Deborah Dickson** and **CPT Joshua Lindquist**, both of Madigan Army Medical Center. Established in 1957 as a memorial to Evangeline G. Bovard, a former Army Nurse, by her husband, this award is presented annually to one field grade and one company grade officer in recognition of outstanding performance and professional excellence.

Congratulations to **MAJ Nicole Kerkenbush** who received the University of Washington School of Nursing's 2003 Outstanding Masters Scholar Award. This was awarded to her at Convocation on 13 Jun. Faculty nominated graduate students for this award based on the criteria: GPA of 3.7 or

higher; excellence in applying theory to practice; and excellence in research and creativity.

Congratulations to LTC(P) Susz Clark for winning the Commandant's Award for Distinction in Research for her paper, "Striking at the U.S. Army's Strength: Soldiers. The Imperative of Bio-Technology for Force Health Protection" at Senior Service College.

Congratulations to the Army Nurse Corps Officers who recently graduated from the USUHS class of 2003:

Family Nurse Practitioner Program

CPT Ilse K. Alumbaugh, Tripler, HI
 MAJ Tammie S. Boeger, Fort Jackson, SC
 MAJ Joseph Candelario, Fort Bragg, NC
 CPT Wayne E. Darsow, Fort Riley, KS
 CPT (P) Lisa R. Ford, Fort Campbell, KY
 CPT Robert L. Herrold, Fort Sam Houston, TX
 CPT Anthony G. Leonard, Fort Leavenworth, KS
 CPT Ann M. Nayback, Fort Sam Houston, TX
 CPT Jana J. Ortiz, Fort Sill, OK
 CPT Patrick J. Pollman, Fort Leonard Wood, MO
 CPT Stacy E. Usher Weina, Fort Meade, MD
 MAJ Michelle M. Williams, Fort Knox, KY
 CPT Meryia D. Windisch, Fort Polk, LA

Nurse Anesthesia Program

ILT Eric Lange, WRAMC, Washington, DC
 CPT Alan Meekins, WRAMC, Washington, DC

Congratulations to the 2003 USUHS Family Nurse Practitioner Graduates on their prestigious awards:

Outstanding Graduate:	CPT Anthony Leonard
Distinguished Academic Performance:	CPT Tammie Boeger
Distinguished Clinical Performance:	CPT Meryia Windisch
Dean's Award for Research Excellence:	MAJ Joseph Candelario
Who's Who Among Students in American Universities and Colleges:	CPT Ann Nayback
Esprit de Corps Award:	CPT Jana Ortiz
First Year Outstanding Student:	CPT Jamie Cornali

Congratulations to COL Constance Scott, Deputy Commander for Nursing at Madigan Army Medical Center, for graduating from the Johnson & Johnson – Wharton Fellows Program in Management for Nurse Executives. This intensive three-week management education program held at The Wharton School of the University of Pennsylvania provides senior nurse executives with business and management knowledge that is crucial to their leadership at a time of significant challenges for both the nursing profession and the future of health care. This year's participants were from the United States, Canada, Saudi Arabia and Cuba.

Publications

LTC Veronica Thurmond recently obtained her PhD in May 2003 from the University of Kansas and will be working in the Nursing Research Department at Walter Reed Army Medical Center. She has recently published:

Thurmond, V.A. and Popkess-Vawter, S. (June 2003). Examination of A Middle Range Theory: Applying Astin's Input-Environment-Outcome (I-E-O) Model to Web-Based Education. *Online Journal of Nursing Informatics (OJNI)*. Vol. 7, No. 2. [Online]. Available at http://www.eaa-knowledge.com/ojni/articles_features.htm

47th Combat Support Hospital (CSH)
Leading the way with Innovative Nursing
in a Combat Zone
MAJ(P) Tammie Chang
MAJ Mishelle Morris-Magee

The 47th Combat Support Hospital (CSH) utilized pre-positioned stock in order to expedite the movement of its entire 296-beds. Approximately 93% of the medical equipment and supplies were waiting for the CSH in the CENTCOM Theater of Operations. These items had been in storage on a ship, and were retrieved for wartime use. The organic assets of the 47th CSH were used to fill the missing 7% of equipment and supplies. The 47th CSH received a 48-hour notice to load their equipment for movement overseas. The equipment was shipped from Fort Lewis, Washington to the Middle East approximately three weeks before the deployment of the unit. Consequently, those items did not arrive in country until the CSH had been functioning as a 296-bed hospital for a month, and the conflict was underway.

There are inherent problems in providing logistics to a 296-bed CSH. As typical with any field medical unit, many clinicians found the field equipment was not what they were accustomed to in a fixed hospital facility. Some equipment and supplies were not available based upon the mission of a CSH, i.e. pediatric or obstetric equipment. Other items were not immediately available because they had to be shipped from the unit's home station. Another logistical problem was that supply systems were not fully operational in an immature theater, and it took weeks or months for the first restock orders to arrive. In the meantime, personnel utilized their available resources and ingenuity to provide patient care with the equipment and supplies that were on hand.

Providing quality care in an austere environment can be challenging, but the philosophy of the AMEDD is to adapt and overcome. This is exactly what the innovative nursing staff did to ensure the standard of care was not compromised due to logistical constraints. When an Intensive Care Unit (ICU) was faced with the challenge of severe hypothermia in a patient following surgery, they created their own model of a field-warming device, modeled after the Bair Hugger ® with

supplies readily accessible to them. The 47th CSH's field warming device created by CPT Kevin McDermott, a critical care nurse, is used to warm patients with a core temperature <95°F. The field-warming device was constructed from ten – one liter water bottles, and duct tape assembled together by cutting off the tops and bottoms of the water bottles, then taping all 10 cylinders to form one long tube. Next, one end of the tube is placed inside an environmental control unit (ECU) plenum and the opposite end under the blankets of the patient. The ECU temperature is increased to the warm setting and the patient's temperature is monitored very closely until it reaches >96°F. Patient safety was paramount in the design and utilization of the field expedient warming device.



CPT Kevin McDermott

Throughout the height of the initial conflict, the 47th CSH nursing personnel responded to multiple Scud missile alarms. Many of the patients hospitalized during that time required oxygen support. SPC Johnny Ellis, a 91WM6, came to the rescue of one such patient who was having distress, and desaturating after donning his M40 Protective Mask during an alarm. This ingenious licensed practical nurse threaded oxygen tubing through the drinking straw of the protective mask, and then turned a small (D-cylinder) oxygen tank's flow to 5 liters. Within seconds the patient's oxygen saturation was >95% and he was breathing comfortably. This type of quick-thinking intervention just highlights the creativity, competence, and compassion of the 47th CSH nursing staff.



SPC Johnny Ellis

Responding to an unexpected pediatric patient care mission, the nursing staff of ICU 1 eagerly met the challenge with resourcefulness and enthusiasm. A crib was easily made from ½ of a green medical chest with burn chux for padding. Various configurations for a baby bottle were attempted,

however the optimal configuration was developed by SPC Jodie Stickler, 91WM6. The baby bottle consisted of an 8-ounce water bottle with an 18-gauge needle in the bottom as a carburetor, and the finger of a non-latex glove cut and taped securely to the opening of the water bottle. Diapers consisted of stockinet, abdominal pads and silk tape. These field diapers may not have been the equivalent of commercially produced diapers, but they served their purpose, keeping the toddler and staff dry. In addition to diapers, stockinet can be constructed to make multiple items such as underwear for school age children, tank top tee shirts and beanie hats. Ensuring not to neglect the growth and development, a colorful mobile was built from cardboard and rope decorated with foam stickers created by SPC Najuma Pemberton with assistance from CPT Sara Knight.

In providing quality care to patients, nurses use a holistic approach, treating not just the patient, but the family entity also. This was the scenario when three nurses in ICU 4, CPT Michelle Watry, SSG James Jansen, 91WM6, and SSG Mike Bryant, 91WM6 solved the dilemma of a breast feeding mother separated from her infant due to the hospitalization of one of her older children. The innovative creation for a field electric breast pump consisted of a mid-stream urine collector with rigid funnel, suction tubing, and the standard field suction device. A hole was punctured in the bottom of the specimen cup, then one end of the suction tubing was threaded through and taped securely, the other end was connected to the field suction device and set to low intermittent suction. The breast milk was collected in the container of the suction device. Unfortunately, the breast milk had to be discarded because of inadequate long-term storage. However, the mother was extremely grateful because she was able to maintain her breast milk supply.



MAJ David Mendoza's solution to creating more centralized hallway space in Intermediate Care Ward (ICW) 6 was the development of a chart/clipboard stand. It was becoming more arduous to navigate litter carriers throughout the units, therefore his creation from discarded plywood, nails, glue, rope, and personal effect bags provided a stable, central location for patient charts to be stored. After the wood stand was built green personnel effect bags were tied together with rope and secured to the stand. No more misplaced charts or bumping charts off the end of patient beds.

The initiative and energy of the nursing staff of the 47th CSH is boundless. This article highlights just a few of the innovative devices created. Patient safety always dictated the construction and utilization of the creations. Everyday, as new

situations arise, these highly motivated, resourceful officers and enlisted soldiers tackle whatever challenges are presented to them. Committed to excellence in patient care, the nursing personnel of the 47th CSH, under the visionary guidance and direction of LTC Ruth Lee, not only meet the standard, but also far exceeded it.

A future endeavor for the 47th CSH nursing personnel will include a total compilation of all the innovative and improvised patient care devices created during this deployment to serve as a resource for future combat and humanitarian missions.

***DIVISION NURSING IN OPERATION
IRAQI FREEDOM***

***CPT Mark MacDougall, Brigade Nurse,
3d Brigade Combat Team, 4th Infantry Division***

Greetings from Northern Iraq. As the AN attached to the 4th Infantry Division's Third Brigade Combat Team, I am having the unique opportunity to experience the "Real Army," up close and personal.

Although assigned to the 64th Forward Support Battalion, I am attached to the Brigade Surgeon cell. In garrison, I manage the 91W transition and sustainment training of approximately 200 soldier medics throughout the 6 battalions of the 3d Brigade Combat Team, as well as coordinate programs for the Brigade Surgeon. When deployed, I am the OIC of the Brigade's 40 bed Patient Holding Unit.

During a highly successful rotation at the National Training Center (NTC) last September, the 3d BCT prepared for what, even then, seemed an imminent deployment. During the next 3 months, we awaited our deployment orders. In January, the Brigade's M1A1 tanks and Bradley Fighting Vehicles, as well as artillery and support vehicles were railheaded to Corpus Christi, TX for transport to Turkey. Sometimes, the best laid plans go awry, and we watched news coverage of ships carrying our equipment at anchor off the coast of Turkey for what seemed like an eternity.

We finally arrived in Kuwait on 9 April, and after live fire exercises, crossed the border into Iraq. A stressful 30-hour convoy North through Baghdad provided a great opportunity to see many Iraqi villages and a large number of destroyed military vehicles. Along the roadside we passed many local men trying to trade their useless Saddam Hussein money for "Michael Jackson dollars." Hundreds of cute children in brightly colored clothes waved to us, and some blew kisses. Saddam likenesses are everywhere along the roads.

During this deployment, the Brigade Commander has employed his medical assets in a non-doctrinal manner. Normally, the medical assets are placed in the Brigade Support Area (BSA), well behind the fight. During this deployment, the Brigade's medical assets have been attached to the Forward Logistics Element (FLE), and actually followed the advance of the first infantry elements. As a

result, we have frequently heard small arms fire during our convoys and at night.

One fact of life in a Forward Support Battalion is that in order to best support the warfighters, you must stay nearby. As such, we "jumped" seven times during the first 4 weeks in country. This is an "all hands" evolution, involving the deconstruction of an encampment and reestablishment in a new location. As this is an immature theater, one must expect certain resupply and lifestyle issues to surface. In our case, we have no telephone or internet access after 2 months in theater, and just recently began receiving mail. Class 8 resupply has been spotty at best, and even water is often in short supply. Last week, we received some plywood outhouses. Prior to that, we relied on slit trenches or our "e-tools." Showers are rare. Laundry is washed in anything that will hold water. Drying clothes, however, is not difficult. The daily high temperatures seem to average in the mid-120s, and I have personally seen 142 degrees on a thermometer (dry bulb). Frequent mortar and landmine UXO explosions at very close range send a shockwave that seems to suck your tympanic membranes in, then out. The shockwaves feel like wind through your hair, even inside an enclosed tent.

The 64th FSB is equipped with two 20 bed Patient Holding Units with monitoring and ventilatory support capability, dental, xray, and limited lab capability. In theater, we have erected one 20 bed unit, and have lately been operating with a daily census of 10 patients. The staffing consists of one AN and five 91Ws. We have been fortunate to be collocated with the Army Reserve's 915th FST. These soldiers from Vancouver, Washington, brought a wealth of talent and a large supply of Starbuck's Coffee. They have proven to be an integral part of the Army Healthcare Team here in Iraq. The 915th has three 91WM6s who supplement our staffing during peak periods.

During the first month of operations in Iraq, we treated and evacuated several patients with gunshot wounds from hostile fire. Lately, however, we have seen injuries from accidental discharges, traffic accidents, burns, and even a drowning. We have also been hit hard with an outbreak of gastroenteritis, seeing up to 35 cases a day, and a large number of insect bite reactions and heat related injuries.

Due to the limited range of supplies available, some adapting for the field environment is necessary. For example, there are no heplocks. There are also no secondary IV lines. To hang an IVPB med, a second line with a needle is inserted into the primary line. There is no vented tubing, so medications infused from a bottle require a needle to be jammed at an angle through the stopper for venting, or else the medication will not flow. There are no IV pumps. The mercury thermometers must be cooled before use. Even shaking them will sometimes not bring the mercury below 103 degrees. One major concern is that Patient Hold does not have a floor. The dust and sand permeate everything, especially when the MEDEVAC helicopters land or take off. This is a big concern in terms of wound infection.

As we prepare to transition to stabilization operations, the 3d BCT looks forward to redeployment. Although few soldiers like to be deployed, the opportunity to serve as the only nurse in a mechanized infantry brigade has been a once in a lifetime chance to experience how the rest of the Army lives and operates. I highly recommend a Division Nurse position for any Nurse Corps Captain who wants a truly unique experience.

OPERATION IRAQI FREEDOM

Bear North

Major Linda Lapointe

As we come upon the three-month mark, many changes and improvements have taken place at the 21st Combat Support Hospital, many of which are in the Morale, Welfare and Recreation realm. Yes, the heat has continued to increase to near intolerable temperatures, but quite thankfully, our temperatures in the Mosul area are not as excessive as those endured by our colleagues further south.

Hospital additions have added a new air-conditioned MWR tent, and definite improvements have been made to the kitchen and dining tents. Three new eight-section sleep tents have been erected, relieving the overcrowding in the existing tents. Chaplain Rizer has done outstanding work in arranging for MWR trips to the biblical city of Nineveh as well as shopping trips to Dohuk. Road conditions permitting, convoys leave one day per week to each destination, and thus far the participants have deemed the trips an overwhelming success.

By far, the most exciting day to date occurred on the two-month anniversary of our arrival in theater, on the 23rd of May. As was the daily routine, personnel assigned to the Explosive Ordnance Division (EOD) were performing controlled explosions on a three times per day basis, at predetermined times. These explosions generally occurred less than a half mile from the hospital, and to date, other than the occasional very large round that violently shook the tent walls, had generally not been a problem for hospital personnel. On this particular day, due to the extreme heat, wind and dry conditions, one of the controlled explosions got out of hand and ignited some nearby grass. The fire quickly spread to the ammunition dump itself, and began igniting the unexploded ordnance stored there.

It did not take long for hospital personnel to realize that this was not an ordinary EOD detonation (perhaps the mortar rounds zinging overhead contributed to our dawning realization). Quickly patients were moved to the floor (literally) of the units, donned Kevlar and flak vests if they had them. Hospital personnel immediately did the same, and so we remained for the better part of the next eight hours, while rounds continued to explode and send burning shrapnel over and into the hospital area. Perhaps the first time in my Army career that, in doing a new admission, we documented "patient admitted to floor of ICU 2"—and meant exactly that! The patients all seemed to take the goings on in stride, many

of whom interrupted their naps only long enough to settle on the floor before returning to sleep.

Officially the war is considered over, with stability and support operations initiated. Force protection has remained a priority. Bunkers have been built, sandbags filled and stacked, and currently plans are being made to build a jersey barrier across the front of the hospital for protection from small arms fire. The engineers have been a tremendous help to us, assisting with everything from the digging of the bunkers to the building of gravity showers and latrines.

Patients still come and go—coalition forces, Iraqi civilians and US troops. There have been a variety of disease non-battle injury patients seen and admitted, unexploded ordnance casualties to care for, and the days continue to go by, some more quickly than others. We can only hope that the day we return home to our family and friends comes quickly. From the 21st Combat Support Hospital in Mosul Iraq—Fear Not!!

Army Nurse Corps Consultants: Working For You!

COL Carol Jones

***Senior ANC Consultant and
Executive Nursing Consultant***

The Army Nurse Corps Consultant group is off to a great start this summer. Fully engaged and focused, our group has made some changes we want to share with the rest of the Corps. Earlier this year, BG Bester designated the Chief Nurse MEDCOM to serve as the senior ANC consultant for the group. The senior nurse consultant working in collaboration with the Assistant Chief, AN, will provide leadership and guidance to the nurse consultant group. Further, the senior nurse consultant will assist with orientation, role definition and expectations with newly appointed nursing consultants. An important component of the senior nurse consultant role will be continuous support and oversight of the nurse consultant group.

Encouraging and promoting information exchange and dissemination on standards of practice, best practices and/or specifics to the consultant's specialty with other consultants and disciplines will be key in this position. As the senior nurse consultant, I will endorse the tenets of clinical practice, nursing administration and research, in addition to encouraging all nursing consultants to incorporate these principles in their practice. Finally, as the senior nursing consultant, I'll conduct quarterly VTCs with the consultant group and routinely update the ANC Corps Chief and Assistant Chief on the activities of the nurse consultant group. We'll keep you apprised of some of the great work our consultants are doing through the ANC Newsletter. Our goals are to support each one of you in your clinical and administrative roles. We're excited about these positive changes and feel extremely confident we can maximize synergy within our group as we serve the ANC. You may access the consultant roster on the ANC website <http://armynursecorps.amedd.army.mil/>.

**UNIFORMED SERVICES PEDIATRIC
NURSING SEMINAR
MAJ Kathleen F. Curran**

The First Uniformed Services Pediatric Nursing Seminar was held on 18 March 2003 in Washington, D.C. The seminar was incorporated within the Uniformed Services Pediatric Seminar (USPS), the national conference sponsored by the Section on Uniformed Services of the American Academy of Pediatrics, held annually for military Pediatricians and Pediatric Nurse Practitioners. The organizers of this years USPS conference met with the Nursing Education Department at Walter Reed Army Medical Center (WRAMC) last year and solicited volunteers to organize the seminar. The USPS organizers wished to spotlight a diminishing population of specialty trained pediatric nurses to demonstrate their support to pediatric nurses and to acknowledge that pediatric nursing is vital to military families. MAJ Kathleen Curran, Director of the WRAMC Pediatric Short Course and Head Nurse, Pediatric Ward, WRAMC and Ms. Naomi Osborne, Pediatric Critical Care Clinical Nurse Specialist organized a very successful seminar.

The seminar kicked off with a welcome from COL Philip Rogers, Chief of Pediatrics, WRAMC, followed by the Keynote Speaker, LTC (Retired) Arlene Simmons, Pediatric Nursing Consultant to the Surgeon General (2000-2002). LTC(R) Simmons presented an in-depth historical perspective of Army Pediatric Nursing with the emphasis that pediatric nursing care has been a valuable asset in the past and it will continue to be a requirement in the future. She quoted COL John D. Roscelli, Pediatric Consultant to the Surgeon General, "Although the Army Nurse Corps eliminated pediatric nursing as a career path and MOS several years ago, the AMEDD is still, and will be for the foreseeable future, heavily involved with pediatric health care issues which require pediatric nursing expertise."

Concurrent sessions in the afternoon included Bioterrorism and Children, presented by LTC Cathy Chess, Chief of Pediatric Nursing at WRAMC; Pediatric Mock Codes and Pediatric Sedation by Ms. Marisa Mize, Pediatric Nurse Practitioner, Pediatric Intensive Care Unit, WRAMC; Diabetic Updates by Dr. Kristina Rother, Clinical Investigator, National Institute of Health, Bethesda, MD; Advances in Sickle Cell Treatment by Ms. Tamara Jenkins, Clinical Nurse Specialist, Pediatric Critical Care, National Institute of Health, Bethesda, MD and Bladder Scanning Technology by LCDR(s) Katrina Pringle, Clinical Nurse Specialist, Naval Medical Center, Portsmouth, VA. The participation at this first seminar was superb and met the ongoing educational needs of pediatric nurses within the military.

**CAREER PLANS
CDR Lori Franks
Joint Medical Executive Skills Institute (JMESI)
AMEDD Center and School**

Looking for a position in executive medicine? Look no further than your personal computer; executive skills training is now virtually everywhere. The Virtual Military Health Institute (VHMI), now the Joint Medical Executive Skills Institute (JMESI), and the AMEDD Executive Skills Office (ESO) can assist you in achieving your professional goals.

In 1992, the Legislative Branch of the Federal government mandated that commanders of military treatment facilities must possess certain administrative competencies before assuming their command positions. In 1996 and in 1998 that guidance was expanded to include prospective Deputy Commanders, Lead Agents, and Managed Care coordinators. The JMESI and individual Service programs are now in place to help candidates meet those requirements.

The primary effort focuses on a group of 40 executive competencies originally developed in the early nineties. The competencies represent the minimum unique skill set healthcare executives must possess, and make up the Department of Defense's professional executive skills list. In the past decade, the competencies have undergone a few minor revisions, but they remain a key element in meeting the congressional mandate. To see where you personally stand compared to the 40 competencies, access <https://ke2.army.mil/jmesp> using your AKO password. Read the opening page on the web site for an overview and check your status electronically. The Core Curriculum link on the left of the web page describes the 40 competencies and their associated behaviors. If you have problems, there are links on the page to helping you contact the AMEDD ESO for assistance.

Together the JMESI and AMEDD ESO are strategically changing the way our leaders are educated. From distance learning (DL) modules, to an online self-assessment tool, they are redefining traditional military leadership training through innovative and blended educational methods. In addition to overseeing the forty competencies, JMESI publishes a catalog of executive medical courses offered by each service and the DoD. The catalog describes available courses (including descriptions and points of contact) taught within the Military Healthcare System and identifies which of the 40 competencies each course covers. JMESI is developing a Web-Based Self-Assessment Instrument. Once complete, the instrument will give officers remote access to evaluate their own executive skill sets vis-à-vis the program's 40 executive skills competencies. The AMEDD ESO is available to assist you at any time and has DL courses available covering a range of topics. To contact them use the links on the web site above.

JMESI's new web site is www.vmhi.org that features a host of complete executive skills reference library that includes the distance learning courses, the executive self assessment tool,

the MHS executive course catalog, and links to other helpful executive resources.

JMESI also hosts a resident course titled the Capstone Symposium. Capstone, a four-day course for newly appointed executive leaders, offers educational and networking opportunities within the Washington DC political arena. JMESI and the AMEDD ESO are striving to serve military healthcare leaders throughout the globe.

ADVANCING NURSING PRACTICE
Putting Evidence Into Nursing Practice
Finding an Area for Change
LTC Deborah Kenny, PhD

The first step in putting evidence into practice is to find a topic or an area in which practices need to be examined. There are several steps to consider in determining these areas. Titler et al. (2001) discuss "triggers" as the beginning point in changing clinical practice. A trigger is an event that indicates a need for or initiates a process or reaction. The article describes "problem-focused triggers", which include identifying a clinical problem through risk management data, performance improvement data or the occurrence of a sentinel event. There are also "knowledge-focused triggers" such as new knowledge, guidelines, standards or philosophies for care. In addition to clinical problems and new knowledge, Stetler (2001) also describes routine policy revisions or innovative programs as motivators to implementing evidence into practice.

Often the best place to find problem-focused triggers is at the bedside level, with staff nurses who provide direct care. They are in the best position to point out problem-prone or high-risk areas that need attention. Nurse managers are another source of triggers since they have knowledge of organizational priorities. A good source for knowledge-focused triggers might be the advanced practice nurse, especially a clinical nurse specialist who can provide new research findings or information about current practices.

Before a topic is decided upon, several things must be taken into consideration. Is the topic a priority for the organization? This is important for garnering support for your project. Is there a body of evidence from which to formulate your guideline? There are some areas that lack adequate scientific evidence for nursing practice and need further research. For example, in searching the evidence for care of the patient with tracheostomies, we found many studies dealing with the issue of suctioning, primarily with the use of normal saline lavage. However, there was little research examining stoma care. Most of the literature in this area was informational and based on previous practice. In this case, recommendations for changing current practice may not be valid and more research is needed to determine the best practice. Is the topic too broad, or does it need to be narrowed down to provide a more focused guideline? The area of intravenous site care is a very broad area and you may want to concentrate only on patients with specific types of central lines. To enhance your chance

for success in developing and implementing an evidence-based project, it is important to answer all these questions.

Next month's column will focus on outlining an action plan for developing evidence-based protocols. Anyone having specific questions they would like to see answered in the column by evidence-based nursing practice experts, or those wanting to share stories of implementation successes, tips or lessons learned can submit them to LTC Kenny at deborah.kenny@na.amedd.army.mil or contact her at Com: (202) 782-7025 or DSN 662-7025.

References

Stetler, C. B. (2001). Updating the Stetler model of research utilization to facilitate evidence-based practice. *Nursing Outlook*, 49, 272-279.
Titler, M. G., Kleiber, C., Rakel, B., Budreau, G., Everett, L. Q., Steelman, V., Buckwalter, K. C., Tripp-Reimer, T., & Goode, C. (2001). The Iowa model of evidence-based practice to promote quality care. *Critical Care Nursing Clinics of North America*, 13(4), 497-509.

ANC HISTORIAN NEWS
A Glimpse Into Our Past
A World War I Nurse Hero
MAJ Jennifer Petersen

Recently, the Army Nurse Corps Historical Collection received a donation from a retired Army Nurse Corps Officer, LTC (R) Natalie Farrell. Within the treasures of memorabilia and uniforms that she sent to the history office was information and pictures regarding a World War I Army Nurse Corps Officer, Mrs. Marie B. Rhodes Cash. This information was given to LTC (R) Farrell, while she was on active duty, by a patient that she was caring for. The patient's mother was this Army Nurse Corps officer who served in WWI. Every year the son, Ruling Elder McClellan Cash, would honor his mother's memory by placing flowers in his church on the Army Nurse Corps Anniversary. The following summary relates the inspirational story of Mrs. Marie R. Cash, World War I Nurse Hero.



**Mrs. Marie Rhodes
Cash, ANC**

Marie Bingham Rhodes Cash was born in New Castle, Pennsylvania. She completed nursing training at Children's Hospital Training School of Pittsburgh and the Woman's College of Pennsylvania. In May of 1917, Marie joined the American Red Cross Nursing Service. At this time the American Red Cross acted as the float pool for nurses. If General Pershing called for nurses for a "military" hospital, the Red Cross nurse became militarized. Consequently, in May of 1918, she took her oath of office as a reserve nurse in the Army Nurse Corps. Marie reported for



**WWI ANC
Insignia**

duty at the American Red Cross Military Hospital #3, American Expeditionary Forces, France.

Behind the lines in France, the Army Nurse Corps struggled with the growing pains of a fledgling organization with a colossal mission. Early leaders such as Dora E. Thompson, the Superintendent of the Nurse Corps, and her successor, Major Julia C. Stimson, worked tirelessly to mobilize, train and equip the women to perform nursing duties in support of American and Allied troops. All types of administrative problems plagued the Army Nurse Corps but they were usually met and overcome. When the influenza epidemic broke out and thousands of nurses were needed for the care of military and civilian patients, every effort was made to keep the flow of nursing personnel overseas. When not enough trained nurses were available, Annie W. Goodrich organized an Army School of Nursing, offering 1800 qualified nurses at the disposal of the Medical Department.

Among these well-known names, Mrs. Marie Rhodes Cash stands. In addition to personnel and training issues, equipment problems overwhelmed the medical units. When the first units went overseas, no tables of equipment had been worked up. There was no uniformity even within the units themselves. Marie Rhodes Cash, who came by her duties quite by accident and with little preparation, solved the front-line equipment problem in France. Her efforts offer an amazing example of an Army Nurse rising to a challenge.

Mrs. Rhodes Cash reported for duty on 22 April 1918 to the Chief Nurse of the Red Cross Commission in Paris. She asked for an active service assignment and was given the oath of office as an Army Nurse Corps officer. While waiting for her assignment, she was given the task of sorting through the reports on the subject of nurses' clothing and equipment. Methodically, she went to work, drawing up tables of equipment, preparing cost charts and proceeding to contract for the manufacture and assembly of the various items needed by the nurses reporting for duty. Due to her diligence and ingenuity, every nurse that went forward to the front lines was issued a trench coat, two jersey uniforms, two suits of all woolen underwear, rain hat, rubber boots, sweater, mittens with wristlets, black jersey tights, hose, woolen kimono, trench cap, set of dishes, cot, pillow, four blankets, bed socks, wash cloths, bath and hand towels, duffle bag with padlock, and sleeping bag. Often, items not included in her list would be requested and she would go forward in person and fulfill these requests. The support that she provided the nurses sent to the front lines permitted them to perform their duties. Mrs. Rhodes Cash remained on that job until the end of the war. She was a true pioneer in the field of medical logistics and supply.

Mrs. Rhodes Cash was awarded the Distinguished Service Medal for her diligent and honorable service during World War I. She also received recognition from the English and French governments for her services. Overall, twenty-four nurses were awarded the Distinguished Service Medal during World War I. The Army Nurse Corps had 21,480 nurses serve during World War I.



WWI Distinguished Service Medal

Mrs. Rhodes Cash was honorably relieved from active service on 19 December 1919. She went on to marry and raise a family. Her son followed his mother's footsteps serving in the U.S. Army. She died at the age of 74 in June of 1961 and was buried with full military honors in Arlington National Cemetery.

Historical Data located at the Army Nurse Corps Collection, United States Army, Office of Medical History, Office of the Surgeon General, Washington D.C. June 2003

PERSCOM UPDATE

Army Nurse Corps Branch Web Page

The direct address for our web page is:

www.perscomonline.army.mil/ophsdan/default.htm. Please visit our website to learn more about the AN Branch and for matters pertaining to your military career.

Upcoming Boards

SEP 2003	CHIEF NURSE
OCT 2003	MAJ AMEDD
DEC 2003	LTC COMMAND

See PERSCOM Online www.perscomonline.army.mil for MILPER messages and more board information.

As the Board process continues to evolve, the AN Corps must upgrade its preparation process to ensure our records are seen in the best possible light. Board members view three items; the ORB, Photo and Microfiche. These items are at your finger tips via the following links using your AKO USERID and PASSWORD:

Officer Record Brief

<https://isdrad15.hoffman.army.mil/SSORB/>

Photo (only if your photo was taken after 1 OCT 02.

Earlier photos will be in hard copy here at branch until the board file is prepared by the DA Secretariat)

<https://isdrad15.hoffman.army.mil/dapmis/execute/ImageAcceptProlog>

Microfiche

<https://ompf.hoffman.army.mil/public/news.jsp>

From the Education Desk

LTC Diaz-Hays replaces MAJ Gary Lang on the education desk. She is responsible for long-term health education and training; "A" designation boards; training with industry, and the USAREC/ROTC board process.

Ms. Deborah Bowser is responsible for enrolling officers in; C4; JOMMC; Chemical Casualty Course; OAC; CAS3; and non-residence GCSC (phases 2 & 4). Her telephone number is 703-325-0841.

LTHET

The Long Term Health Education and Training convened 16 – 20 June 2003. Historically, it takes 5 -6 weeks before the results are approved and sent out to the chief nurses. The chief nurses will inform their officers of the board results. Officers awaiting results should not call AN Branch. If you have questions about the LTHET board process, call LTC Diaz-Hays at 703-325-2397.

Officers scheduled to start school this fall should access the AMEDD Student Detachment website to get information on in processing: www.cs.amedd.army.mil/hrbc/studet. The site will include an in processing checklist and the student handbook. If you have questions about school, call LTC Diaz-Hays at 703-325-2397.

“9A” Proficiency Designator Award Board

Army Nurse Corps Branch is accepting nominations for the “A” Proficiency Designator Award Board. Nominations are due at Branch (ATTN: LTC Diaz-Hays) **NLT 16 July 2003**. AN Branch has posted an Information Paper on its website that explains the “A” Proficiency Designator nomination process and guidelines. If you have questions about the nomination process, call LTC Diaz-Hays.

Fellowships

PERSCOM has opened the nomination process for the White House and Congressional Fellowships. See the AN Branch website for more details.

AMEDD Officer Advanced Course

The next available course is the September – December course. Contact your hospital education officer for enrollment.

Interested In Selecting Future Army Nurse Corps Officers?

AN Branch is looking for volunteers to serve as USAREC Accession Board Members. This is a fantastic opportunity to learn about the board process as well as influence the future of the Army Nurse Corps. Board members must hold the rank of Major or higher. Boards meet each month for 3-4 days and are held at USAREC Headquarters at Fort Knox, Kentucky. Upcoming start dates for the boards are 26-28 Aug 03, and 23-25 Sep 03. If interested in this terrific board member opportunity, please contact MAJ(P) Corulli at PERSCOM, corullia@hoffman.army.mil.

Generic Course Selection Process

Information on GCSP is located in our website https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm.

AOC/ASI Producing Courses: Please see your facility’s Nursing Education Representative or nursing chain of command if you are interested in attending. Please note FY03 AOC/ASI Course dates are listed at https://www.perscomonline.army.mil/ophsdan/anc_profdevt.htm. Interested applicants need to seek support from their chain of command and submit a DA 3838, a recent HT/WT/APFT memo and a preference statement (for follow on assignment).

Please check the AN branch web site at www.perscomonline.army.mil/ophsdan/default.htm (click on professional development) for information on application suspense dates to AN branch or contact MAJ(P) Corulli, corullia@hoffman.army.mil or MAJ(P) Agin at agind@hoffman.army.mil.

Critical Care Course, Emergency Nursing Course: Course dates are 25 Aug-19 Dec 03 for both courses. Officers selected to attend the April course affected by deployment will be attending the August course. Applicants selected to the August 03 Emergency Nursing course have been deferred to the Jan 04 dates in order to accommodate those officers who were selected to attend in April but were deployed. The next available Emergency Nursing course will be in May 04. The Critical Care Nursing course is unaffected. Course dates for 2004 are: 5 Jan- 27 Apr 04; 10 May-31 Aug 04; 13 Sep 04- 21 Jan 05. POC is MAJ(P) Corulli at PERSCOM corullia@hoffman.army.mil.

Psychiatric-Mental Health: The next course is 27 JUL-19 NOV 03. Slots are still available. Contact MAJ(P) Agin ASAP, agind@hoffman.army.mil.

OB-GYN Nursing Course: The next course is scheduled for 24 AUG-19 DEC 03. Slots are still available. Contact MAJ(P) Agin, ASAP at agind@hoffman.army.mil

Perioperative Nursing Course:

The delayed course at Madigan Army Medical Center will start 24 August 2003 and run through 19 December 2003. Madigan will not hold the October 2003 course. The other three sites will hold their October 2003 course as scheduled. All four sites will be back in synchronization starting with the 14 March 2004 class. For any questions, please contact LTC Jane Newman at PERSCOM @ newmanj@hoffman.army.mil.

Community Health Nurse Course: The next 6A-F5 Principles of Military Preventative Medicine (Community Health Nurse) AOC Course is scheduled for 7 SEP –7 NOV 03. The pre-requisite for the CHN AOC Course is the 6H-F9 STD/Communicable Disease Intervention Course scheduled for 24 AUG-5 SEP 03. The next Preventive Medicine Program Management Course is in January 2004 (exact dates TBD). Applications are being accepted now with a suspense of 1 September 2003. Interested officers should contact the **Community Health Nursing Manager:** MAJ Agin at agind@hoffman.army.mil.

Assignment Opportunities for 66F and 66Es

66E – Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm.

66F – Ft. Rucker, AL, now.
Ft. Hood, Summer 04
31st CSH, Ft. Bliss, TX, now.
47th CSH, Ft. Lewis, WA, now.
160th FST, Landstuhl, Germany, now.

Other assignment opportunities are available for 66Fs and 66Es in a variety of locations. Please check our website at https://www.perscomonline.army.mil/OPhsdan/anc_assignments.htm. For these and other opportunities, please inquire to LTC Newman, newmanj@hoffman.army.mil.

Assignment Opportunities for: 66B, 66G, 66C

I can negotiate a follow on assignment for officers that volunteer for Korea. Please contact MAJ Doreen Agin, agind@hoffman.army.mil, for details on **66B, 66G, 66G8D, 66C, and 66C7T openings** or check our website.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities available for 66H Lieutenants include WBAMC El Paso, TX; Ft. Polk, LA; Ft. Irwin, CA; Ft Sill, OK; Ft. Jackson, SC; Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA; Wuerzburg and Alaska. Korea positions are available for winter 2004. I can negotiate follow on assignments for officers that volunteer to select locations, i.e. Ft Polk, Ft Irwin. If interested, please contact MAJ(P) Corulli, corullia@hoffman.army.mil

Assignment Opportunities for Captains

There are Division Nurse Positions opening in the fall at Fort Riley, Fort Lewis, and Fort Hood. Please view the website for current openings or contact MAJ(P) Greta Krapohl at krpohlg@hoffman.army.mil.

Assignment Opportunities for MAJ and CPT(P) 66H, 8A, M5 and 66P

There is still a variety of critical TOE opportunities available. I can negotiate a follow on assignment for officers that volunteer for select locations, (Fort Irwin and Fort Polk). I have an urgent requirement for **66Ps** at Fort Irwin and Fort Huachuca. Assignment opportunities are still available for upcoming summer cycle in a variety of locations, please check our website. If you are PCS vulnerable for Summer 2003 and do not have an assignment, please contact MAJ Ahearne, ahearnep@hoffman.army.mil.

FEDERAL NURSING SECTION POSTER SESSION

AMSUS 2003 - "Partnerships In Preparedness, Prevention and Public Health: Protecting the Nation"

Call for Posters

Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the 109th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in San Antonio, Texas 16-21 November. The poster session will be held Monday evening, 17 November 2003.

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Chiefs and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services.

This program is different from the Karen Rieder Nursing Research Poster Session. Research is not required.

Below are some examples of topics which relate to the theme of the 2003 conference.

Educational Technology	Joint Medical Training	Innovative Clinical Practice Issues
Patient Safety	Preventing Medication Errors	Joint Operational Exercises
Clinical Pathways	Joint Service Initiatives	Health Promotion Initiatives
Nurse/Patient Ratios	Deployment Issues	Put Prevention into Practice
Medical Preparedness	Biological Warfare	Multidisciplinary Approach to Care

Requirements

- * The principal poster presenter must be a registered nurse in the federal service or the American Red Cross.
- * Posters must fit on a table approximately three feet by six feet.
- * Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.
- * Submit an original abstract in hard copy or as an e-mail attachment in MS Word.
- * Abstracts (hard copy or e-mail) must be received by the deadline: **11 July 2003.**
- * Abstracts must address the following:
 - Aims/objectives of the poster
 - Findings and/or implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session. Presenters must make their own funding arrangements.

ABSTRACT SUBMISSION DEADLINE: 11 July 2003

Please submit an original abstract in hard copy or as e-mail attachment in MS Word to:

LCDR Lisa Marunycz
National Institutes of Health
9000 Rockville Pike
Bldg. 10 Room 7D50
Bethesda, MD 20892
(301) 496-2259 or (301) 496-2987
Email: lmarunycz@mail.cc.nih.gov

Notification of acceptance and further instructions will be sent no later than 31 July 2003.

Fifteenth Annual
KAREN A. RIEDER NURSING RESEARCH POSTER SESSION
CALL FOR ABSTRACTS

The Karen A. Rieder Nursing Research Poster Session is sponsored by the Navy Nurse Corps and is dedicated to sharing professional nursing research findings. Registered nurses in the federal services and the American Red Cross are invited to submit abstracts for the Fifteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 109th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in San Antonio, Texas, 16-21 November 2003. The poster session will be held Monday evening, 17 November 2003.

Requirements

- * The principal investigator must be a registered nurse in the federal service or the American Red Cross.
- * The research must have been initiated and/or completed within the past five years.
- * Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- * Studies involving human subjects or animals may be required to have an Institutional Review Board (IRB) approval number. Funding sources should be noted on the abstract and poster (i.e. TSNRP, ANF, SST).
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- * Posters must fit on a table approximately three feet by six feet.
- * **Submit an original abstract as an E-mail attachment in MS Word**; Faxed abstracts will not be accepted.
- * Abstracts must be received by the deadline: **11 July 2003**.
- * Abstracts must address the following:
 - Aims/objectives of the study, including hypotheses or research questions
 - Theoretical framework (if applicable)
 - Research design, methods, statistical analysis
 - Study findings and implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by a committee of Navy Nurse Corps Researchers.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * All accepted abstracts will be reproduced in a "book of abstracts".
- * At least one of the study authors must be present at the session, Monday, 17 November 2003.

ABSTRACT SUBMISSION DEADLINE: 11 July 2003

Please submit an original abstract as an E-mail attachment (MS Word) to:

Harry J. Tillman Ph.D.
CAPT, NC, USN
Director, Clinical Investigations Program (Code 00CIP)
Naval Medical Education & Training Command
8901 Wisconsin Avenue
Bethesda, Maryland. 20889-5611
Email: hjtillman@nmetc.med.navy.mil

For further information please contact:

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Email: hjtillman@nmetc.med.navy.mil

CDR Civita Allard NC, USNR
Phone: 315-792-5529
Email: callard98@hotmail.com

Notification of acceptance and further instructions will be sent no later than 01 August 2003.